THE JOE GILLIAM WORLD CLASS FOOTBALL CAMP

REGISTRATION FORM

Location: Tennessee State University (TSU) **Time:** 9:00 AM to 3:30 PM Cost: \$50.00 Registration Fee T-Shirt Size: (Adult / Youth) (Please Print Information) Affiliated with a Center? Circle One (Yes / No) Name of Center if Applicable: Address: _____ City: _____ Zip Code: Parent/Guardian Name: _____ **IN CASE OF EMERGENCY-PLEASE CONTACT: Relationship: Phone: Name: Relationship: Phone: Name: _____ PLEASE READ CAREFULLY BEFORE SIGNING I, the undersigned parent (or legal guardian) of a minor child between 12 and 18 years of age, consent to our child's participation in the Joe Gilliam Football Camp program. In consideration for permitting our child to participate in the activities conducted by Joe Gilliam Football Camp, we release, waive, discharge, covenant and relinquish any and all action or cause of action against the organization, promoters, officials, staff, coaches and/or volunteers for personal injury, death and or property damage occurring to our child as a result of engaging or receiving instructions in the activities conducted by this organization. We further release all officials, officers, promoters, staff, coaches and/or volunteers from any claim whatsoever on account of first aid, treatment or services rendered to our child during participation in this organization. PARENT/GUARDIAN SIGNATURE **REGISTRATION FEE: \$50.** For Internal Use Only Make check payable to: Joe W Gilliam Foundation. ☐ Paid ☐ Not Paid Call: 727-410-5312 for more info Fee Collected: \$ Email: Joewgilliamfoundation@gmail.com ☐ Cash Check \square cc LDUCATIO Check #: JWGF Rep Initials:

PARTICIPANT CONSENT AND RELEASE FORM

PRODUCTION COMPANY

LOCATION

Joe W Gilliam Foundation

Joe Gilliam Football Camp

PROJECT TITLE

Joe Gilliam Football Camp Videos and/or Photos

I have participated as indicated on the above video or photograph. In consideration of my appearance in any video's and/or photos, and without any further consideration from you, I hereby grant permission to you to utilize my appearance in connection with the videos/photos in any and all manner and media and all rights of every kind and character whatsoever in perpetuity in and to my performance, appearance, name and/or voice and the results and proceeds thereof (the "Performance") in connection with the videos and/or photos, and I hereby authorize Joe W Gilliam Foundation to photograph and record (on film, digital, video, tape, or otherwise), the Performance; to edit same at its discretion and to include it with the performance of others and with sound effects, special effects and music; to incorporate same into the videos and/or photos or other program or not; to use and to license others to use such recordings and photographs in any manner or media whatsoever, including without limitation unrestricted use for purposes of publicity, advertising and sales promotion; and to use my name, likeness, voice, biographic or other information concerning me in connection with the video's/photo's, commercial tie-ups, merchandising, and for any other purpose. I further acknowledge that Joe W Gilliam Foundation owns all rights to the results and proceeds of my services rendered in connection herewith.

I agree that my participation in the videos or pictures may be edited in your sole discretion. I consent to use of my name, likeness, voice and biographical material about me in connection with videos and/or photos publicity and related institutional promotional purposes. I expressly release you, your agents, employees, licensees and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the videos and/or photos.

IF Participant IS UNDER 18:

Phone

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I represent that I both be bound th		e minor who has signed the above releas	se and I hereby agree that we shall
Parent/Guardiar	n Signature	Print name	
Phone		Date	
IF PARTICIPANT	Γ IS 18:		TM
Signature	Fou	Print name	ON

DUCATION